

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
MONTGOMERY, ALABAMA 36104**

**APPLICATION FOR RENEWAL OF
CERTIFICATE OF AUTHORITY OF INSURANCE COMPANY**

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF ALABAMA:

Application is hereby made for renewal of Certificate of Authority for the year beginning June 1, 20__, for the same powers and or lines of insurance as granted under the company's Certificate of Authority issued for the prior year.

1. NAIC No. _____ E-MAIL Address: _____

Name of Company _____

Home Office _____
(Street and Number) (City, State and Zip)

Mailing Address _____
(Street and Number) (City, State and Zip)

United States Manager _____
(for Companies Organized Outside of United States Only)

2. Designation of our agent for service of process in the State of Alabama:

(Name of Agent for Service of Process)

(Street and Number)

(City and Zip Code)

(County)

SEAL

IN WITNESS WHEREOF, the said company has caused this application to be signed by its President or Vice-President and Secretary or Assistant Secretary, and attested by its corporate seal on this the _____ day of _____, 20_____.

President or Vice President

Secretary or Assistant Secretary
OR

United States Manager